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**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICE PROVIDED**

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- (3) The Division of Medicaid will utilize guidelines as promulgated in Maternal and Infant Health Guidelines, prepared by the Association of Maternal and Child Health Programs in association with the State Medicaid Directors' Association, as criteria for monitoring this program.

Psychosocial assessment/counseling is covered for pregnant women with one or more medical risk factors which may adversely affect the pregnancy outcome. Counseling is appropriate for women whose complications require psychosocial intervention as an essential element of treatment in dealing with the complications, e.g., pregnant 15 year old with no place to live, battered woman. The services are provided by the MSW social worker licensed in Mississippi, a BSW social worker licensed in Mississippi in consultation with a MSW, or other Mississippi licensed social worker who is supervised by a MSW social worker. A combination of this service and/or nutritional assessment/counseling may be provided a maximum of eight (8) times during the pregnancy and postpartum period. The psychosocial assessment is done by a social worker, as specified above, and is considered as one unit of psychosocial assessment/counseling. A second psychosocial assessment will be allowed during the pregnancy, if the woman changes her provider, and the new provider is unable to obtain records from the previous provider.

**4. Health Education**

- A. Health education is provided during pregnancy and the postpartum period on a one-to-one or group basis with the pregnant women who have one or more medical risk factors which may adversely affect the pregnancy outcome. Health education is provided based on a written plan or written curriculum.
- B. Education may include, but is not limited to, the following information:
- (1) Prenatal care
  - (2) Danger signs in pregnancy
  - (3) Labor and delivery
  - (4) Nutrition

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Transmittal No. 88-11

TN NO. 88-11 DATE/RECEIPT 12/23/88  
SUPERSEDES DATE/APPROVED 3/17/89  
TN NO. NEW DATE/EFFECTIVE 1/10/89

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**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICE PROVIDED**

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(5) Pregnancy risk reduction (smoking, substance abuse)

(6) Postpartum care

(7) Reproductive health

Health education is designed to prevent the development of further complications during pregnancy and to provide educational information to the pregnant woman in caring for herself during pregnancy. This service may be provided by a registered nurse, nurse practitioner, certified nurse-midwife, nutritionist/dietitian, or social worker. This service may be provided a maximum of ten (10) times during the pregnancy and postpartum period.

**5. Home Visit**

A. This service is provided at the pregnant woman's place of residence as part of the assessment and follow-up. The purpose of the home visit is to provide extended services and to address environmental factors that impinge upon her high-risk factors.

B. The services may be provided by a nurse, nurse practitioner, nutritionist/dietician, or social worker.

Home visit service for pregnant women and the need for home visits must be documented in the Plan of Care. It is designed to provide necessary services to the woman in the home. This service may be provided a maximum of five (5) times with at least one during the postpartum period.

ansmittal No. 88-11

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TN NO. <u>88-11</u>	DATE/RECEIPT <u>12/23/88</u>
SUPERSEDES	DATE/RECEIVED <u>3/17/89</u>
TN NO. <u>NEW</u>	DATE/RECEIVED <u>10/1/88</u>

STATE PLAN UNDER TITLE XIX OF  
THE SOCIAL SECURITY ACT

Attachment 3.1-A  
Exhibit 23

STATE Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED

23. Certified Pediatric or Family Nurse Practitioners' Services

Services provided by certified pediatric or family nurse practitioners are limited to those services authorized in the Plan and which a nurse practitioner is legally authorized to perform.

TN No. 92-04

Supersedes

TN No. NEW

Date Received 1-30-92

Date Approved 8-23-93

Date Effective 1-1-92

State Mississippi

Exhibit 23d

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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23d. Skilled Nursing Facility Services for Patients under 21 years of Age:

Prior Approval required.

Beginning coverage limited to day authorization (MMC 260) form signed by admitting physician, unless eligibility occurs after admission for a retroactive period.

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Transmittal #87-9

App. 12/2/83

Ref. 4/1/87

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED

23e. Emergency Hospital Services: Thirty (30) days per fiscal year, including or as a part of inpatient hospital services' 30 allowed days per fiscal year. Admissions are limited to admissions certified as an emergency by the attending physician.

Six (6) outpatient emergency visits per fiscal year, including or as a part of outpatient hospital services.

Transmittal # 89-14  
Supersedes TN 87-9

Date Received 9/27/89  
Date Approved 10/5/89

Effective Date 7/1/89

State MississippiExhibit <sup>23a</sup>~~23a~~ 24a**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

<sup>24a</sup>  
~~18a~~ **Transportation:** Emergency Ambulance Service. An emergency is defined as any ambulance service determined to be medically necessary as certified by a physician, law enforcement officer at the scene of the accident, or registered emergency medical technician. Ambulance services are further limited to trips to or from a hospital or nursing home.

Necessary transportation for eligible Medicaid recipients to obtain medical care from qualified providers of services is provided upon certification through provider arrangements with the State Department of Human Services and the State Department of Health.

Transmittal # 90-23Date Received 9-26-90Effective Date 7-1-90Supersedes TN ~~86-7~~Date Approved 10-17-90

87-9  
86-7  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A

State Mississippi

Exhibit 24c

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DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED

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Care and services provided in Christian Science sanatoria -  
Confinement limited to ten (10) days per fiscal year.

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TN No. 94-13

Supersedes TN No. New

Date Received 7-11-94

Date Approved 8-15-94

Date Effective 7-01-94

State MississippiExhibit <sup>24e</sup>~~23e~~

## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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Six (6) outpatient emergency visits per fiscal year, including or as a part of outpatient hospital services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Exhibit ~~23d~~ 24d

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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24d

~~23d~~. Skilled Nursing Facility Services for Patients under 21 years of Age:

Prior Approval required.

Beginning coverage limited to day authorization (MMC 260) form signed by admitting physician, unless eligibility occurs after admission for a retroactive period.

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Transmittal #87-9

App. 14/2/87 eff. 4/1/87